

S. No. 2  
OM-5-43  
V. 5-17-39  
I X36671

14892

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. \_\_\_\_\_

FILED MAY 15 1944

Registration District No. 156

Primary Registration District No. 2001

Registrar's No. 221

1. PLACE OF DEATH:

(a) County Jasper

(b) City or town Jasper  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: \_\_\_\_\_  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Jasper

(c) City or town Jasper  
(If outside city or town limits, write "RURAL")

(d) Street No. 1218 Missouri  
(If rural, give location)

(e) Citizen of foreign country? NO (Yes or No)

If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Alfred J. Garoutte

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. 571-16-294

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 27  
year 1944 hour 14:30 minute 00 M.

21. I hereby certify that I attended the deceased from  
Mch 29 1944 to Apr 29 1944  
that I last saw \_\_\_\_\_ alive on Apr 26 1944  
and that death occurred on the date and hour stated above.

4. Sex Male race White

5. Color or race White

6. (a) Single, widowed, married, divorced, Married

6. (b) Name of husband or wife Ethel Garoutte

6. (c) Age of husband or wife if alive 38 years

7. Birth date of deceased: Seph 23 1903  
(Month) (Day) (Year)

Immediate cause of death: Pulmonary Tuberculosis

Duration \_\_\_\_\_

8. AGE: Years 40 Months 7 Days 4 If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

9. Birthplace Marionville Missouri  
(City, town, or county) (State or foreign country)

Other conditions: (Include pregnancy within 3 months of death) 13 ft

10. Usual occupation Carpenter

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

11. Industry or business \_\_\_\_\_

MOTHER FATHER

12. Name Solomon Garoutte

13. Birthplace \_\_\_\_\_ Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name F. Marrow

15. Birthplace \_\_\_\_\_ Missouri  
(City, town, or county) (State or foreign country)

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

16. (a) Informant Ethel Garoutte

(b) Address 1218 Missouri Jasper

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

17. (a) Burial (b) Date thereof April 29 1944  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Forest Park Cem

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

18. (a) Signature of funeral director M. H. City

(b) Address \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place)

(c) Means of injury \_\_\_\_\_

19. (a) 4-29-44 (b) J. H. \_\_\_\_\_  
(Date received local registrar) (Registrar's signature)

23. Signature: H. A. \_\_\_\_\_ (M. D. or other)

Address: Jasper Mo Date signed 4/29/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

9  
2  
5

1204

(Licensed Embalmer's Statement on Reverse Side)

44-4-368

STATEMENT BY LICENSED EMBALMER

MAY 1939

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by myself

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Clayton M. Johnston

Licensed Embalmer No. 4304

P. O. Address Webb City, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

If this body is not embalmed, fact should be so stated above.